

~~SECRET~~
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)				2. DATE OF BIRTH		3. SEX	
4. GRADE		5. SERVICE DESIGNATION				6. OFFICIAL POSITION TITLE	
7. OFF/DIV/BR OF ASSIGNMENT							
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE		<input type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input type="checkbox"/> ANNUAL	
<input type="checkbox"/> REASSIGNMENT/SUPERVISOR		<input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.				11. REPORTING PERIOD From To SPECIAL (Specify)			
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1				RATING NO.		SPECIFIC DUTY NO. 4	
SPECIFIC DUTY NO. 2				RATING NO.		SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 3				RATING NO.		SPECIFIC DUTY NO. 6	
						RATING NO.	
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. <div style="border: 1px solid black; height: 40px; width: 50px; margin: 0 auto;"></div>
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
5 - Outstanding degree							
CHARACTERISTICS						RATING	
						NOT APPLI- CABLE	
						NOT OB- SERVED	
						1	
						2	
						3	
						4	
						5	
GETS THINGS DONE							
RESOURCEFUL							
ACCEPTS RESPONSIBILITIES							
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							
DOES HIS JOB WITHOUT STRONG SUPPORT							
FACILITATES SMOOTH OPERATION OF HIS OFFICE							
WRITES EFFECTIVELY							
SECURITY CONSCIOUS							
THINKS CLEARLY							
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							
OTHER (Specify)							

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SECTION E

NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SECTION F

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
<i>I certify that I have seen Sections A, B, C, D and E of this Report.</i>		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
<input type="checkbox"/> EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		<input type="checkbox"/> REPORT MADE WITHIN LAST 90 DAYS
<input type="checkbox"/> OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.		
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.		
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

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